

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

(3) BOY OR GIRL

Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Mar 8 22

(For use of Local Registrar)

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Mark Eitzinger

(9) PRESENT POSTOFFICE OF FATHER

Blythewood SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

45

(Years)

(12) BIRTHPLACE

Blythewood

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bell Smith

(15) PRESENT POSTOFFICE OF MOTHER

Blythewood SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29

(Years)

(18) BIRTHPLACE

Lowmyville SC

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alma at 11:20 P.M. on the date above stated. (Born alive or stillborn) (Hour) (M. or P.M.)

(22) (Signature)

Dr. P. M. Antebene

(23) State whether Physician or Midwife

Physician

(24) Address of Physician or Midwife

Blythewood SC

Given name added from a supplemental report.

(25) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed

Jan 10 1921

(27) Local Registrar

W. M. Lean

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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